



KEVIN ROY BUILDERS

OWNER'S NAME: _____

ADDRESS: _____

PHONE (HOME) _____ WORK: _____ WORK: _____

"" NOTE: The date on each selection line is the date that the selection must be made by so that the job will be completed on schedule. If selections are not made on time, then our subcontractors may charge extra and it may delay the next phase of the job that will ultimately postpone the completion of the job.

CONTACT PERSON

OWNER'S SIGN OFF

() Light Fixture: _____ ()
Allowance: _____ ()

FLOORING

() Carpet: _____ ()
Allowance: _____ ()

() Resilient Flooring _____ ()
Allowance: _____ ()

() VCT Flooring: _____ ()
Allowance: _____ ()

() Hardwood Flooring Stain: _____ ()
Allowance: _____ ()

KITCHEN

() Kitchen Cabinets: _____ ()
Allowance: _____ ()

() Kitchen Counter Top : _____ ()
Allowance: _____ ()

() Kitchen Range: _____ ()
Allowance by Owner: _____ ()

- () Kitchen Refrigerator: _____ ()
Allowance by Owner: _____ ()
- () Kitchen Oven: _____ ()
Allowance by Owner: _____ ()
- () Kitchen Microwave: _____ ()
Allowance: _____ ()
- () Kitchen Disposal: _____ ()
Allowance: _____ ()

CERAMIC TILE TOTAL ALLOWANCE

- () Master Bath Floor: _____ ()
Grout Color: _____ ()
- () Master Bath Shower Walls: _____ ()
Grout Color: _____ ()
- () Hall Bath Floor: _____ ()
Grout Color: _____ ()
- () Hall Bath Walls: _____ ()
Grout Color: _____ ()

VANITIES

- () Master Bath Vanities: _____ ()
Allowance: _____ ()
- () Hall Bath Vanities _____ ()
Allowance: _____ ()

PLUMBING FIXTURES

- () Kitchen Faucet: _____ ()
Allowance: _____ ()
- () Kitchen Sink: _____ ()
Allowance: _____ ()
- () Master Bath Vanity Faucet: _____ ()
Allowance: _____ ()

- () Master Bath Shower Faucet: _____ ()
Allowance: _____ ()
- () Master Bath Whirlpool: _____ ()
Allowance: _____ ()
- () Powder Room Pedestal Sink: _____ ()
Allowance: _____ ()
- () Powder Room Faucet: _____ ()
Allowance: _____ ()

BATH HARDWARE

- () Master Bath Towel Bar: _____ ()
Allowance: _____ ()
- () Master Bath TP Holder: _____ ()
Allowance: _____ ()
- () Hall Bath Towel Bar: _____ ()
Allowance: _____ ()
- () Hall Bath TP Holder: _____ ()
Allowance: _____ ()
- () Powder Room Towel Bar: _____ ()
Allowance: _____ ()
- () Powder Room TP Holder: _____ ()
Allowance: _____ ()

PAINTING

- Wall Color: _____ ()
- Trim Color: _____ ()
- Exterior Color: _____ ()

OTHER

- Fireplace Mantel: _____ ()
- Painted or Stained Stair Pickets: _____ ()

Other/Misc: _____ ()

Other/Misc: _____ ()

The above selections have been reviewed by the owner, and are hereby approved for ordering and installation.

OWNER: _____

BUILDER: _____

Accepted this ____ day of _____

By: _____

By: _____